

Injury Data Inventory

**A Guide to The 11 Core Injury Data Sources
In Rhode Island**

Volume I
January 19, 2005

**SAFE RHODE ISLAND
OFFICE OF HEALTH PROMOTION
RHODE ISLAND DEPARTMENT OF HEALTH**

**PATRICIA A. NOLAN, MD, MPH
DIRECTOR OF HEALTH**

**DONALD CARCIERI
GOVERNOR**

Safe and Healthy Lives in Safe and Healthy Communities

The Injury Data Inventory is a compilation of the 11 core data sets identified by the State and Territorial Injury Prevention Directors' Association (STIPDA) as essential to the development of comprehensive statewide injury surveillance. These data sources are maintained by the Rhode Island Department of Health (HEALTH) and other partner organizations in Rhode Island. Future volumes of the Injury Data Inventory will provide additional data sources, utilizing the most current information on statewide injury data collection efforts.

Many of the data systems listed in this report are maintained by HEALTH and are included in the HEALTH Data Inventory prepared and updated by Colleen M. Ryan, M.P.H., Jana Hesser, Ph.D., and Jay Buechner, Ph.D., Office of Health Statistics, Rhode Island Department of Health.

The 2005 Injury Data Inventory will be available electronically on the HEALTH website in portable document format (pdf) this summer, at:

<http://www.healthri.org>

Paper copies of this publication can be obtained from:

Safe Rhode Island
Office of Health Promotion
Room 409
Rhode island Department of Health
3 Capitol Hill
Providence RI 02908

Phone: (401) 222-4420

Fax: (401) 222-4415

Thank you to Joanne Russo, student intern summer 2004, for her work on this project.

TABLE OF CONTENTS

DATABASE	PAGE
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM.....	2
CHILD DEATH REVIEW	4
EMERGENCY DEPARTMENT DATA	6
EMERGENCY MEDICAL SERVICES AMBULANCE RUN REPORTS.....	8
FATALITY ANALYSIS REPORTING SYSTEM (FARS)	10
HOSPITAL DISCHARGE DATA.....	12
MEDICAL EXAMINER	14
NATIONAL OCCUPANT PROTECTION USE SURVEY (NOPUS)	16
UNIFORM CRIME REPORT.....	18
YOUTH RISK BEHAVIOR SURVEY	20
VITAL RECORDS.....	22

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

CONTACT: *Jana Hesser, Ph.D.*

RI DEPARTMENT OF HEALTH, OFFICE OF HEALTH STATISTICS, (401) 222-2550,
JanaH@doh.state.ri.us

Purpose or mandate for data collection	The Centers for Disease Control and Prevention (CDC) fund all states to conduct surveys on behavioral health risks among adults.		
Definition of a case or record in the database	Randomly selected adults who voluntarily participate, aged 18 years and older. To be randomly selected for the survey, participants must reside in a household with a telephone.		
Population covered by the database	In most years prior to 1996, a sample of 1,800 Rhode Island adults (ages 18 years and older) which is representative of the statewide population; minority oversampling was conducted in 1996 and 1997; 3,600 adults were sampled each year from 1998-2004.		
When and how data are collected	A professional survey research firm conducts an equal number of telephone interviews each month throughout the year, according to protocol established by the CDC. Data have been collected since 1984.		
When data are available for analysis and reporting	Between 3 and 6 months after the last day of the calendar year.		
Most recent period for which data are available	Calendar year 2003. Previous data collection years include 1984-1999. Results are available at the Rhode Office of Health Statistics website http://www.health.ri.gov/chic/statistics/brfss.php and at the CDC BRFSS website http://www.cdc.gov/brfss/		
Demographics: Race/Hispanic origin, Age, sex	Race: Yes Hispanic Origin: Yes Age: Yes Sex: Yes		
Geographic units recorded	State: Yes	City/Town: No	County: No

Injury Data Items collected	<div> <div> <input type="checkbox"/> Intent <input type="checkbox"/> Residence <input type="checkbox"/> Month/Day of Injury <input type="checkbox"/> Place of Occurrence (Home/Work/Etc.) <input type="checkbox"/> Year of Injury <input type="checkbox"/> Location of Occurrence (City/Town) </div> <div> <input type="checkbox"/> Hour of Injury <input type="checkbox"/> External Cause <input type="checkbox"/> Nature of Injury <input type="checkbox"/> Description of Occurrence <input type="checkbox"/> Severity of Injury <input type="checkbox"/> Place of Treatment <input checked="" type="checkbox"/> Other: Seatbelt use, firearms in home, helmet use, and falls. </div> </div>
Record layout available (please provide)	Questionnaire available on Request.
Data collection form available (please provide)	Questionnaire available on Web site: http://www.cdc.gov/brfss/
Limitations	<p>(1) Telephone Survey can result in declining response rates.</p> <p>(2) BRFSS data cannot be stratified by county or city, without modifications of the survey sampling strategy.</p> <p>(3) Survey respondents are limited to adults in households with telephones.</p> <p>(4) People may answer based on what they perceive to be socially desirable responses.</p>
Recently published documents	<ol style="list-style-type: none"> 1. Ryan CM and Hesser JE. Health Risks Among Rhode Island Adults, 2000. Office of Health Statistics, Rhode Island Department of Health, Providence, RI. October 2001. (http://www.healthri.org/chic/statistics/brsf2000.pdf) 2. Hesser JE. Utilization of Clinical Preventive Services among Rhode Island Adults With and Without Health Insurance Coverage, 1999. <u>Medicine and Health/Rhode Island</u>. March 2001. 84(3):98-99. 3. Hackey RB and Hesser JE. Health Risks Among Rhode Island Adults in 1999. Office of Health Statistics, Rhode Island Department of Health, Providence, RI. December 2000. 4. Hesser JE and Markos E. Overweight and Obesity among Rhode Island Adults. <u>Medicine and Health/Rhode Island</u>. November 2000. 83(11):362-3. 5. Buechner JS. Health Disparities among Racial and Ethnic Groups in Rhode Island. <u>Health By Numbers</u>. Office of Health Statistics, Rhode Island Department of Health, Providence, RI. 2(8). August 2000. (http://www.healthri.org/chic/statistics/hbn2-8.pdf)
Routinely responds to ad hoc data requests	<p>Internal requests: Yes</p> <p>External requests: Yes</p>

CHILD DEATH REVIEW

CONTACT: *Elizabeth Laposata, MD*

RHODE ISLAND MEDICAL EXAMINERS OFFICE, (401) 222-5500, ccapron@doh.state.ri.us

<i>Purpose or mandate for data collection</i>	Created in 1998 by the Rhode Island Department of Children, Youth and Families, the RI Child Death and Injury Review Team is a multidisciplinary group convened to examine child fatalities in RI. The Team investigates the circumstances surrounding each death to determine whether or not the death was preventable.		
<i>Definition of a case or record in the database</i>	Death of any child 0-17 years of age, who died by non-natural causes or SIDS in the state of Rhode Island.		
<i>Population covered by the database</i>	All children, regardless of residency, who die in the state of Rhode Island.		
<i>When and how data are collected</i>	All deaths of individuals up to 18 years of age in the State of Rhode Island are reported to the Rhode Island Medical Examiner's Office (RI GL 23-4-7 [2e]).		
<i>When data are available for analysis and reporting</i>	Data are not available for analysis and reporting.		
<i>Most recent period for which data are available</i>	Preliminary occurrence data: N/A Final resident data: N/A		
<i>Demographics: Race/Hispanic origin, Age, sex</i>	Race: Yes (includes Hispanic). Hispanic Origin: No. Age: Yes Sex: Yes		
<i>Geographic units recorded</i>	State: Yes Zip Code: Yes	County: Yes Census Tract: Yes	City/Town: Yes Street Address: Yes

<i>Injury Data items collected</i>	<u>X</u> Intent <u>X</u> Month/Day of Injury (Home/Work/Etc.) <u>X</u> Year of Injury <u>X</u> Hour of Injury <u>X</u> External Cause <u>X</u> Nature of Injury <u>X</u> Other: Morbidity <u>X</u> Residence <u>X</u> Place of Occurrence <u>X</u> Location of Occurrence (City/Town) <u>X</u> Severity <u>X</u> Place of Treatment <u>X</u> Description of Occurrence
<i>Record layout available (please provide)</i>	N/A
<i>Data collection form available (please provide)</i>	Available on Request.
<i>Limitations</i>	<p>(1) RI child fatality review is restricted to SIDS deaths and deaths of non-natural causes such accidents, suicide, homicide, and deaths of undetermined manner. Deaths due to other natural causes are not included in the review process at this time.</p> <p>(2) There is a lag time of approximately two years in the review process. Currently, the most recent child deaths that have been reviewed occurred during the calendar year 2002.</p>
<i>Recently published documents</i>	Rhode Island Child Death Report For the Two-Year Period 1998 and 1999. May 2001.
<i>Routinely responds to ad hoc data requests</i>	Internal requests: NO External requests: NO

EMERGENCY DEPARTMENT DATA

CONTACT: *Jay S. Buechner, PhD*

OFFICE OF HEALTH STATISTICS, (401) 222-2550, *JayB@doh.state.ri.us*

<i>Purpose or mandate for data collection</i>	A hospital licensure regulation requires all hospitals with emergency departments to report patient-level ED visit data beginning October 1, 2004.																
<i>Definition of a case or record in the database</i>	Any patient discharged/released from an emergency department or service of a private acute-care hospital, including psychiatric hospitals, in Rhode Island.																
<i>Population covered by the database</i>	All persons, regardless of residency, who utilize Rhode Island emergency departments/services.																
<i>When and how data are collected</i>	Data are abstracted from hospital medical records by hospital staff after the patient is discharged/released and combined with data from hospital billing systems. Data are submitted electronically.																
<i>When data are available for analysis and reporting</i>	Approximately 6 months after the last day of each Calendar quarter. For example, data collected between October 1-December 31 would be available in July of the following calendar year.																
<i>Most recent period for which data are available</i>	Data not currently available. Reporting requirements begins October 1, 2004.																
<i>Demographics: Race/Hispanic origin, Age, sex</i>	Race: Yes Hispanic Origin: Yes Age: Yes Sex: Yes																
<i>Geographic units recorded</i>	State: Yes Zip Code: Yes	County: Yes Census Tract: Yes	City/Town: Yes Street address: No														
<i>Injury data items collected</i>	<table><tr><td><u>X</u> Intent</td><td><u>_</u> Residence</td></tr><tr><td><u>X</u> Month/Day of ED visit</td><td><u>_</u> Place of Occurrence (Home/Work/Etc.)</td></tr><tr><td><u>X</u> Year of ED visit</td><td><u>_</u> Location of Occurrence (City/Town)</td></tr><tr><td><u>X</u> Hour of ED visit</td><td><u>X</u> Severity</td></tr><tr><td><u>X</u> External Cause</td><td><u>X</u> Place of Treatment</td></tr><tr><td><u>X</u> Nature of Injury</td><td><u>_</u> Description of Occurrence</td></tr><tr><td><u>X</u> Other:</td><td></td></tr></table>			<u>X</u> Intent	<u>_</u> Residence	<u>X</u> Month/Day of ED visit	<u>_</u> Place of Occurrence (Home/Work/Etc.)	<u>X</u> Year of ED visit	<u>_</u> Location of Occurrence (City/Town)	<u>X</u> Hour of ED visit	<u>X</u> Severity	<u>X</u> External Cause	<u>X</u> Place of Treatment	<u>X</u> Nature of Injury	<u>_</u> Description of Occurrence	<u>X</u> Other:	
<u>X</u> Intent	<u>_</u> Residence																
<u>X</u> Month/Day of ED visit	<u>_</u> Place of Occurrence (Home/Work/Etc.)																
<u>X</u> Year of ED visit	<u>_</u> Location of Occurrence (City/Town)																
<u>X</u> Hour of ED visit	<u>X</u> Severity																
<u>X</u> External Cause	<u>X</u> Place of Treatment																
<u>X</u> Nature of Injury	<u>_</u> Description of Occurrence																
<u>X</u> Other:																	

<i>Record layout available (please provide)</i>	Record layout will be posted on HEALTH's web site when data are available.
<i>Data collection form available (please provide)</i>	No data collection form. Generated electronically from hospitals' information systems.
<i>Limitations</i>	The data quality of this system has not been evaluated, because data are not yet available for review.
<i>Recently published documents</i>	N/A
<i>Routinely responds to ad hoc data requests</i>	Internal requests: Yes External requests: Yes

EMERGENCY MEDICAL SERVICES AMBULANCE RUN REPORTS

CONTACT: *Angela Cairone*

OFFICE OF EMERGENCY MEDICAL SERVICES, (401) 222-2401, AngelaC@doh.state.ri.us

Purpose or mandate for data collection	Emergency medical services (EMS) regulations require all emergency medical technicians (EMTs) to complete the EMS Ambulance Run Report Form for all emergency calls. Data collected include the nature of the call, disposition of the patient, emergency care administered, and other such data as may be deemed necessary by the Department.		
Definition of a case or record in the database	Any emergency call utilizing a licensed EMS service/ambulance for the provision of prehospital care.		
Population covered by the database	All persons (patients) regarded as an emergency that may utilize a licensed EMS service/ambulance for the provision of prehospital care.		
When and how data are collected	Part I of the ambulance run form is submitted to the Department on a monthly basis. The run form is entered into a computer database by an infrared optical scanner, and entered electronically.		
When data are available for analysis and reporting	Per regulation, run reports are submitted to the Department on a monthly basis. Inaccurate forms are returned to the services for correction. Accordingly, reporting is generally 1-3 months following submission of data.		
Most recent period for which data are available	Calendar year 2003.		
Demographics: Race/Hispanic origin, Age, sex	Race: Yes Hispanic Origin: Yes Age: Yes Sex: Yes		
Geographic units recorded	State: Yes	Census Tract: Yes	County: Yes Town: Yes

Injury data items collected	<div> <div> <input type="checkbox"/> Intent <input type="checkbox"/> Month/Day of Injury (Home/Work/Etc.) <input type="checkbox"/> Year of Injury (City/Town) <input type="checkbox"/> Hour of Injury <input type="checkbox"/> External Cause <input type="checkbox"/> Nature of Injury <input type="checkbox"/> Other: </div> <div> <input checked="" type="checkbox"/> Residence <input checked="" type="checkbox"/> Place of Occurrence <input checked="" type="checkbox"/> Location of Occurrence <input checked="" type="checkbox"/> Severity <input checked="" type="checkbox"/> Place of Treatment <input checked="" type="checkbox"/> Description of Occurrence </div> </div>
Record layout available (please provide)	No
Data collection form available (please provide)	Available on Request.
Limitations	<div> <div>(1) This system was not developed for purposes of analysis.</div> <div>(2) In Rhode Island, only a small number of the data elements collected are computerized.</div> </div>
Recently published documents	<div> <div>Yearly reports to EMS Services.</div> <div>2003 Annual Reports to EMS Services.</div> </div>
Routinely responds to ad hoc data requests	<div> <div>Internal requests: Yes</div> <div>External requests: Yes</div> </div>

FATALITY ANALYSIS REPORTING SYSTEM (FARS)

RHODE ISLAND

CONTACT: *Marilyn Libucha*

RI DEPARTMENT OF TRANSPORTATION, 222-2572 PHONE NUMBER

<ftp://ftp.nhtsa.dot.gov/FARS>

<i>Purpose or mandate for data collection</i>	Census of motor vehicle fatalities since 1975 Compiled by National Highway traffic Safety Administration.		
<i>Definition of a case or record in the database</i>	To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway customarily open to the public, and must result in the death of an occupant of a vehicle or a non-motorist within 30 days of the crash.		
<i>Population covered by the database</i>	Contains data on a sample of fatal traffic crashes within the 50 states, the District of Columbia, and Puerto Rico.		
<i>When and how data are collected</i>	Data are collected on fatal motor vehicle-related crashes within 30 days of crash.		
<i>When data are available for analysis and reporting</i>	Data are generally available 6 months after the calendar year.		
<i>Most recent period for which data are available</i>	Calendar year 2001. Previous data collection years include 1991-2000. Published files are available from the Internet at ftp://ftp.nhtsa.dot.gov/FARS or can be accessed on the web at www.fars.nhtsa.dot.gov		
<i>Demographics: Race/Hispanic origin, Age, sex</i>	Race: No Sex: Yes Hispanic Origin: No Age: Yes		
<i>Geographic units recorded</i>	State: Yes	County: No	City/Town: No

<i>Injury data items collected</i>	<div> <div> <input type="checkbox"/> Intent <input checked="" type="checkbox"/> Month/Day of Injury (Home/Work/Etc.) <input checked="" type="checkbox"/> Year of Injury (City/Town) <input type="checkbox"/> Hour of Injury <input type="checkbox"/> External Cause <input type="checkbox"/> Nature of Injury <input type="checkbox"/> Other: </div> <div> <input type="checkbox"/> Residence <input type="checkbox"/> Place of Occurrence <input type="checkbox"/> Location of Occurrence <input type="checkbox"/> Severity <input type="checkbox"/> Place of Treatment <input type="checkbox"/> Description of Occurrence </div> </div>
<i>Record layout available</i>	No
<i>Data collection form available</i>	Available on Request.
<i>Limitations</i>	Although FARS data are extensive, RI lacks the resources to submit a complete set of data elements for each case included in the database.
<i>Recently published documents</i>	Fatality Analysis Reporting System General Estimates System 2001 Data Summary, US Department of Transportation, National Highway Traffic Safety Administration.
<i>Routinely responds to ad hoc data requests</i>	Internal requests: Yes External requests: Yes

HOSPITAL DISCHARGE DATA

CONTACT: *Jay S. Buechner, Ph.D.*

OFFICE OF HEALTH STATISTICS, (401) 222-2550, JayB@doh.state.ri.us

<i>Purpose or mandate for data collection</i>	Hospital licensure regulations required all hospitals to report discharge data beginning October 1, 1989.		
<i>Definition of a case or record in the database</i>	Any inpatient discharged from a private acute-care hospital or licensed inpatient rehabilitation facility.		
<i>Population covered by the database</i>	All persons, regardless of residency, who are admitted to Rhode Island hospitals as inpatients.		
<i>When and how data are collected</i>	Data are abstracted from hospital medical records by hospital staff after the patient is discharged and combined with data from hospital billing systems. Data are submitted electronically.		
<i>When data are available for analysis and reporting</i>	Approximately 6 months after the last day of each calendar quarter. For example, data collected from October 1 – December 31 will be available in July of the following calendar year.		
<i>Most recent period for which data are available</i>	Quarter ending July 31, 2004.		
<i>Demographics: Race/Hispanic origin, Age, sex</i>	Race: Yes Hispanic Origin: Yes Age: Yes Sex: Yes		
<i>Geographic units recorded</i>	State: Yes (as of 10/1/04) Zip Code: Yes	County: Yes Census Tract: Yes	City/Town: Yes

<i>Injury data items collected</i>	<input checked="" type="checkbox"/> Intent <input type="checkbox"/> Month/Day of Injury (Home/Work/Etc.) <input type="checkbox"/> Year of Injury (City/Town) <input type="checkbox"/> Hour of Injury <input checked="" type="checkbox"/> External Cause <input checked="" type="checkbox"/> Nature of Injury <input type="checkbox"/> Other: <input type="checkbox"/> Residence <input type="checkbox"/> Place of Occurrence <input type="checkbox"/> Location of Occurrence <input checked="" type="checkbox"/> Severity <input checked="" type="checkbox"/> Place of Treatment <input type="checkbox"/> Description of Occurrence
<i>Record layout available (please provide)</i>	Public use file available on website www.health.ri.gov/chic/statistics/hdd-layouts.htm Record Layout for full file available on request.
<i>Data collection form available (please provide)</i>	No data collection form. Generated electronically from hospitals' information systems.
<i>Limitations</i>	<p>(1) Risk factor information is not recorded on hospital billing forms.</p> <p>(2) Measurement problems in the hospital discharge data system may influence incidence rates. For example, one injury may be counted multiple times, if an injured person is treated at more than one hospital, or if a person has several coexisting injuries the billing system may not capture all of the injuries.</p> <p>(3) Hospital discharge data are affected by changes in the health care system that influence hospital admissions and coding practices. In some cases, the HDD system may actually capture the trends in hospital billing practices and policy instead of trends in injury morbidity.</p>
<i>Recently published documents</i>	<ol style="list-style-type: none"> 1. Oberbeck, SA, Donnelly, EF, Buechner, JS, Williams, KA. <i>Utilization of Rhode Island Hospitals, 2000</i>. Providence RI: Rhode Island Department of Health, December 2003. 2. Oberbeck, SA, Williams, KA. <i>Utilization of Rhode Island Hospitals 2001</i>. Providence RI: Rhode Island Department of Health. April 2004. 3. Buechner, JS, <i>Inpatient Care for Severe Trauma in Rhode Island</i>. Medicine and Health/Rhode Island 87 (4): 115-116. 4. Williams, KA, Oberbeck, SA, Buechner, JS. <i>Trends and Patterns in Hospital Inpatient Utilization, 2000-2002</i>. Medicine and Health/Rhode Island.
<i>Routinely responds to ad hoc data requests</i>	Internal requests: Yes External requests: Yes Public use data file: Yes

MEDICAL EXAMINER

CONTACT: *Elizabeth Laposata, MD*

OFFICE OF THE MEDICAL EXAMINER, (401) 222-5500, *ElizabethL@doh.state.ri.us*

<i>Purpose or mandate for data collection</i>	RIGL 23-4-2 establishes the Office of the State Medical Examiner (ME) within the Department of Health. The ME investigates sudden and unexpected deaths including all injury deaths. The ME's determination is conveyed to the death certificate.		
<i>Definition of a case or record in the database</i>	Any death within the state with any of the following circumstances: Abortion or suspected abortion; disease following injury; death during or immediately following anesthesia or diagnostic/therapeutic procedures; fetal death; job related injury; death during incarceration, detention, or long term confinement; suspicion of a contagious disease or agent; a death in the hospital not witnessed by a physician; medicinal, pharmaceutical, or other chemical agent involvement, including addictive substances; violence-related; anatomical material; newborn infants; specific in-hospital deaths or hospital emergency room deaths; and any other unusual or unnatural death, or sudden death of a person in apparent good health.		
<i>Population covered by the database</i>	All decedents in Rhode Island whose death includes any of the circumstances listed above.		
<i>When and how data are collected</i>	Data are compiled internally through Medicolegal Investigator reports, Autopsy and Toxicology reports. Cases also include information compiled externally from several sources including police records, medical records, and newspaper clippings. A case is closed once a manner of death is determined and a final post-mortem examination report is generated.		
<i>When data are available for analysis and reporting</i>	N/A. Data are not available for analysis and reporting.		
<i>Most recent period for which data are available</i>	2004		
<i>Demographics: Race/Hispanic origin, Age, sex</i>	Race: Yes (Hispanic included) Hispanic Origin: No Age: Yes Sex: Yes		
<i>Geographic units recorded</i>	State: Yes	County: Yes	City/Town: Yes

<i>Injury data items collected</i>	<input checked="" type="checkbox"/> Intent <input checked="" type="checkbox"/> Month/Day of Injury (Home/Work/Etc.) <input checked="" type="checkbox"/> Year of Injury (City/Town) <input checked="" type="checkbox"/> Hour of Injury <input checked="" type="checkbox"/> External Cause <input checked="" type="checkbox"/> Nature of Injury _ Other:	<input checked="" type="checkbox"/> Residence <input checked="" type="checkbox"/> Place of Occurrence <input checked="" type="checkbox"/> Location of Occurrence <input checked="" type="checkbox"/> Severity <input checked="" type="checkbox"/> Place of Treatment <input checked="" type="checkbox"/> Description of Occurrence
<i>Record layout available (please provide)</i>	No	
<i>Data collection form available (please provide)</i>	No	
<i>Limitations</i>	(1) Only a subset of records are computerized for cases occurring after July of 2003. (2) In theory, 100% of the injury deaths are captured by the ME's office; however, the actual percentage of all injury deaths in the state captured by the ME is not known. The completeness of the ME's case ascertainment should be assessed before relying on the data. (3) A small proportion of cases may be misclassified by year, because deaths occurring at the end of a calendar year may not be reported to the Medical Examiner until the beginning of the following calendar year.	
<i>Recently published documents</i>	None	
<i>Routinely responds to ad hoc data requests</i>	Internal requests: No External requests: No	

NATIONAL OCCUPANT PROTECTION USE SURVEY (NOPUS)

CONTACT: CONTACT: *National Highway Traffic Safety Administration*
NATIONAL CENTER FOR STATISTIC AND ANALYSIS, DONNA GLASSBRENNER , PHONE: (202) 366-
5358, EMAIL: DONNA.GLASSBRENNER@NHTSA.DOT.GOV
<http://www-nrd.nhtsa.dot.gov>

<i>Purpose or mandate for data collection</i>	Monitors compliance of safety standards by direct observation for funding purposes. Includes shoulder belt use, motorcycle helmet use, child safety seat use. Produces more accurate estimate of national use than obtained in other National Highway Traffic Safety Administration observational studies.		
<i>Definition of a case or record in the database</i>	NOPUS provides probability based observed data on seatbelt usage on the Rhode Island highways. Seat belt usage for driver and front right seat passengers is recorded.		
<i>Population covered by the database</i>	Includes drivers and any front right seat passenger over the age of 7 driving between the hours of 8AM to 6PM in passenger vehicles with no commercial or government markings.		
<i>When and how data are collected</i>	Data are collected at a sample of 2000 nationally representative sites. Sites include intersections, exit ramps, and moving vehicles on highways. Collection takes place at these sites during randomly assigned 30 minute observation periods between the hours of 8AM and 6PM. Before 2002, data collectors used clicker counters and paper forms to record data elements. After 2002, NOPUS began phasing in PDAs to record information from the interstate rather than exit ramps. Data on child seat use, cell phone use, and seat belt use demographics are recorded at controlled intersections.		
<i>When data are available for analysis and reporting</i>	Results are not published regularly.		
<i>Most recent period for which data are available</i>	2003		
<i>Demographics: Race/Hispanic origin, Age, sex</i>	Race: Yes Hispanic Origin: Age: Yes Sex: Yes		
<i>Geographic units recorded</i>	State No. Available by region.	County	City/Town

<i>Injury data items collected</i>	<div> <div> <input type="checkbox"/> Intent <input type="checkbox"/> Month/Day of Injury (Home/Work/Etc.) <input type="checkbox"/> Year of Injury (City/Town) <input type="checkbox"/> Hour of Injury <input type="checkbox"/> External Cause <input type="checkbox"/> Nature of Injury <input checked="" type="checkbox"/> Other: seat belt use, motorcycle helmet use, driver cell phone use, child seat use </div> <div> <input type="checkbox"/> Residence <input type="checkbox"/> Place of Occurrence <input type="checkbox"/> Location of Occurrence <input type="checkbox"/> Severity <input type="checkbox"/> Place of Treatment <input type="checkbox"/> Description of Occurrence </div> </div>
<i>Record layout available (please provide)</i>	No.
<i>Data collection form available (please provide)</i>	Available upon request.
<i>Limitations</i>	<p>(1) Data are collected through observational methods. Therefore, analysis done with data elements such as race should be interpreted with caution.</p> <p>(2) These data are used primarily to monitor compliance with safety standards for the purpose of awarding federal funds to states. The data are assumed to be representative of the state where they were collected, but cannot be further stratified by county or city.</p>
<i>Recently published documents</i>	Research notes and reports on National Center for Statistic and Analysis website www.nrd.nhtsa.dot.gov/pdf/nrd-30/nrsa
<i>Routinely responds to ad hoc data requests</i>	<p>Internal requests: *</p> <p>External requests: *</p> <p>* For data request information please contact the NOPUS representative.</p>

UNIFORM CRIME REPORT

CONTACT: *Linda Fraccola, Sr. Monitoring & Evaluation Specialist*
 RHODE ISLAND STATE POLICE, (401) 444-1121, *MichaelGo@doh.state.ri.us*

<i>Purpose or mandate for data collection</i>	RIGL 12-24-1 established a mandatory crime reporting system under the supervision of the Superintendent of the State Police.		
<i>Definition of a case or record in the database</i>	A criminal case within the jurisdiction of each city and town.		
<i>Population covered by the database</i>	All persons who commit criminal acts in Rhode Island for which the reporting police department is conducting, or has conducted, the primary police investigation.		
<i>When and how data are collected</i>	Quarterly		
<i>When data are available for analysis and reporting</i>	Annually		
<i>Most recent period for which data are available</i>	2003		
<i>Demographics: Race/Hispanic origin, Age, sex</i>	Race: Yes Hispanic Origin: Yes Age: Yes Sex: Yes		
<i>Geographic units recorded</i>	State: Yes	County: Yes	City/Town: Yes

<i>Injury data items collected</i>	<div> <div> <input type="checkbox"/> Intent <input type="checkbox"/> Month/Day of Injury (Home/Work/Etc.) <input type="checkbox"/> Year of Injury (City/Town) <input type="checkbox"/> Hour of Injury <input type="checkbox"/> External Cause <input type="checkbox"/> Nature of Injury <input checked="" type="checkbox"/> Other: provides limited information about every offense reported to law enforcement. </div> <div> <input type="checkbox"/> Residence <input type="checkbox"/> Place of Occurrence <input type="checkbox"/> Location of Occurrence <input type="checkbox"/> Severity <input type="checkbox"/> Place of Treatment <input type="checkbox"/> Description of Occurrence </div> </div>
<i>Record layout available</i>	No
<i>Data collection form available</i>	No
<i>Limitations</i>	<p>(1) Unlike incident-based reporting, where agencies provide individual records for each crime reported, the UCR system (with the exception of the Supplemental Homicide Report) aggregates the number of incidents by offense type monthly and reports these totals to the FBI.</p> <p>(2) The UCR system only provides limited information about offenses.</p> <p>(3) System only captures offenses that are reported to police. Issues related to underreporting should be taken into account when analyzing data.</p>
<i>Recently published documents</i>	<i>Crime in Rhode Island 2003: A statewide compilation of crime statistic and reference guide</i> , Issued by the State of Rhode Island Division of State Police Executive Department.
<i>Routinely responds to ad hoc data requests</i>	<p>Internal requests: Yes.</p> <p>External requests: Yes.</p>

YOUTH RISK BEHAVIOR SURVEY

CONTACT: *Donald K. Perry, MPA*

OFFICE OF HEALTH STATISTICS, (401) 222-7628, DonP@doh.state.ri.us

<i>Purpose or mandate for data collection</i>	The Centers for Disease Control and Prevention fund all states to conduct surveys of secondary school students on behavioral health risks.		
<i>Definition of a case or record in the database</i>	A randomly selected public school-attending student in grades 9-12 who agrees to participate in the survey and whose parents or guardians approve of that participation.		
<i>Population covered by the database</i>	A sample of about 1,800 students in grades 9-12 attending public schools in Rhode Island.		
<i>When and how data are collected</i>	The data are collected biennially (1995, 1997, 1999, 2001, and 2003) during the late Winter and Spring (February - April) through self-administered questionnaires in classrooms. [Note: Response rate for the 1999 YRBS was inadequate for analysis and reporting.]		
<i>When data are available for analysis and reporting</i>	About 4-5 months after data collection is completed.		
<i>Most recent period for which data are available</i>	Spring 2003.		
<i>Demographics: Race/Hispanic origin, Age, sex</i>	Race: Yes School grade: Yes Hispanic Origin: Yes Age: Yes Sex: Yes		
<i>Geographic units recorded</i>	State: Yes	County: No	City/Town: No

<i>Injury data items collected</i>	<div> <div> <input type="checkbox"/> Intent <input type="checkbox"/> Month/Day of Injury (Home/Work/Etc.) <input type="checkbox"/> Year of Injury (City/Town) <input type="checkbox"/> Hour of Injury <input type="checkbox"/> External Cause <input checked="" type="checkbox"/> Nature of Injury <input type="checkbox"/> Other: </div> <div> <input type="checkbox"/> Residence <input type="checkbox"/> Place of Occurrence <input type="checkbox"/> Location of Occurrence <input type="checkbox"/> Severity <input type="checkbox"/> Place of Treatment <input type="checkbox"/> Description of Occurrence </div> </div>
<i>Record layout available</i>	SAS data files.
<i>Data collection form available</i>	Yes.
<i>Limitations</i>	(1) The data cannot be stratified by state, county, or city. (2) Due to the size of the sample, and participation rates, trends from year to year may be in part due to the structure of the sample. (3) Students may answer based on what they perceive to be socially desirable responses.
<i>Recently published documents</i>	2001 Rhode Island Youth Risk Behavior Survey Summary Report and associated documents will be available in Winter 2001-2002. 1. Youth Risk Behavior Surveillance, United States 2003. MMWR May 21, 2004 vol.53, No.SS-2. (http://www.cdc.gov/mmwr/PDF/ss/ss5302.pdf) 2. Youth Risk Behavior Surveillance, United States 2001. <u>MMWR</u> June 28, 2002 vol. 51, No. SS-4. (http://www.cdc.gov/mmwr/PDF/ss/ss5104.pdf) 3. 2003 Rhode Island Youth Risk Behavior Survey Summary Report September 2004. 4. 2001 Rhode Island Youth Risk Behavior Survey Risk Topic Reports(Violence, Personal Safety/Suicide, Tobacco, Alcohol/Substance abuse, Weight and Nutrition, Physical Activity, Sexual Behavior) August, 2004.
<i>Routinely responds to ad hoc data requests</i>	Internal requests: Yes External requests: Yes

VITAL RECORDS

CONTACT: *Roberta A. Chevoya*

OFFICE OF VITAL RECORDS, (401) 222-2812, *RobertaC@doh.state.ri.us*

<i>Purpose or mandate for data collection</i>	RIGL 23-3-16 requires registration of all death records, from which data are derived.		
<i>Definition of a case or record in the database</i>	A person who dies in the State of Rhode Island or a Rhode Island resident who has died out-of-state.		
<i>Population covered by the database</i>	All persons who die in Rhode Island and all Rhode Island residents who die out-of-state.		
<i>When and how data are collected</i>	Funeral Directors are responsible for collecting the personal and demographic information, the cause of death and death circumstances are collected by the Physician or Medical Examiner who signed the certificate of death.		
<i>When data are available for analysis and reporting</i>	Preliminary data on deaths occurring in Rhode Island are available within one year after the end of the calendar year. Final data, including out-of-state deaths of Rhode Island residents, are available no sooner than 2 years after the end of the calendar year.		
<i>Most recent period for which data are available</i>	Preliminary occurrence data: 2003 Final resident data: 2002		
<i>Demographics: Race/Hispanic origin, Age, sex</i>	Race: Yes Hispanic Origin: Yes Age: Yes Sex: Yes		
<i>Geographic units recorded</i>	State: Yes Zip Code: Yes	County: Yes Census Tract: Yes	City/Town: Yes Street Address: Yes

<i>Injury data items collected</i>	<div> <div> <input type="checkbox"/> Intent <input checked="" type="checkbox"/> Month/Day of Injury (Home/Work/Etc.) <input checked="" type="checkbox"/> Year of Injury (City/Town) <input checked="" type="checkbox"/> Hour of Injury <input type="checkbox"/> External Cause <input type="checkbox"/> Nature of Injury <input checked="" type="checkbox"/> Other: Additional information is collected on the death certificate, but not computerized. </div> <div> <input type="checkbox"/> Residence <input type="checkbox"/> Place of Occurrence <input type="checkbox"/> Location of Occurrence <input checked="" type="checkbox"/> Severity <input checked="" type="checkbox"/> Place of Treatment <input checked="" type="checkbox"/> Description of Occurrence </div> </div>
<i>Record layout available (please provide)</i>	Available on Request.
<i>Data collection form available (please provide)</i>	Available on Request.
<i>Limitations</i>	<p>(1) Access to data is restricted by law.</p> <p>(2) Information for RI residents who die out of state, is generally prohibited from release by the state in which they expired. Separate data agreements must be arranged through the Vital Records Department of the state where the death occurred.</p> <p>(3) Risk factor information is not generally recorded on death certificates.</p>
<i>Recently published documents</i>	<ol style="list-style-type: none"> 1. Buechner JS. Reductions in Premature Mortality, Rhode Island, 1989-1998. <u>Medicine and Health/Rhode Island</u>. 84(11): 374-5. November 2001. 2. 1999 Annual Vital Statistics Report. Division of Vital Records, Rhode Island Department of Health. August 2001.
<i>Routinely responds to ad hoc data requests</i>	<p>Internal requests: Yes</p> <p>External requests: Yes</p>

National Injury Data and Resources:

See Web Site developed by the National Center for Health Statistics (NCHS) for an overview of the sources of national level injury data available from NCHS and links to national injury data from other sources. The site can be accessed from the NCHS home page www.cdc.gov/nchs by clicking 'Injury Data and Resources,' under 'What's New.'

